EXHIBIT F

VERMONT DEPARTMENT FOR CHILDREN AND FAMILIES Family Services Division Woodside Juvenile Rehabilitation Center		509
Chapter:	Safety and Security	
Subject:	Emergency Safety Interventions	Page 1 of 7
Approved:	Christine Johnson, Deputy Commissioner	
Supersedes		Dated: 3/12/2020

Purpose

Woodside's programming and services are based on a philosophy of positive youth development. Underpinning this approach is Safe Crisis Management, a nationally recognized, trauma-sensitive program with an emphasis on building positive relationships with youth. Safe Crisis Management provides levels of responses and protocols to minimize and/or eliminate the need for more restrictive interventions. This policy outlines procedures for the safe and appropriate use of Emergency Safety Interventions in the event that these extreme interventions are necessary. Woodside staff will follow this policy and Safe Crisis Management Training in the implementation of Emergency Safety Interventions.

Related Policies

Woodside Intake and Screening

Woodside Clinical Crisis and Acute Psychiatric Response

Woodside Incident Reporting

Family Services Division HOPE (Helping Our Peers Excel) Team

Agency of Human Services Trauma Informed System of Care

Definitions

Licensed Clinical Staff means licensed mental health professionals, including licensed clinical mental health counselor, licensed clinical psychologist and licensed psychiatrist.

Clinical Staff means mental health staff with at least minimum qualifications as a rostered psychotherapist as described in 26 V.S.A. chapter 78. Clinical Staff work under the supervision of Licensed Clinical Staff.

Personal Safety Plan means an individualized plan based on input from the youth, parent(s)/guardian(s) and custodian, that identifies situations that may cause the youth to become dysregulated and engage in unsafe behaviors. This plan is pro-active and trauma informed and identifies interventions that have (and those which have not) been successful in

the past and offers an opportunity to educate youth and families to understand triggers and coping skills and to create plans and interventions for growth and future success.

Function-Based Behavior Support Planning Process is a Safe Crisis Management process used to identify the purpose of a youth's behavior and identify what makes a behavior more or less likely to occur. The product of this process is a Behavior Support Plan.

Behavior Support Plan is a plan developed for a youth when the youth does not make behavioral progress despite the strategies used in the youth's individualized Personal Safety Plan and Safe Crisis Management training and techniques.

Emergency Safety Situation means unanticipated resident behavior that places the resident or others at imminent risk of injury and which necessitates an Emergency Safety Intervention as defined in this policy.

Emergency Safety Intervention (ESI) strategies to implement in an Emergency Safety Situation, including, Emergency Safety Physical Intervention (ESPI) and Seclusion.

Seclusion placement of a youth alone in any room or area where the youth is unable to leave.

Emergency Safety Physical Intervention means the application of a Safe Crisis Management technique that restricts mobility or movement or that disengages from harmful physical contact.

Serious Injury means any significant impairment of the physical condition of the resident as determined by qualified medical personnel. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else.

Policy

In working with youth, Woodside staff utilize the Personal Safety Plan developed for each individual youth as part of the admission and intake process as well as Behavior Support Plans, when applicable. Woodside staff also utilize the Safe Crisis Management training as well as the Woodside Clinical Crisis Policy and Acute Psychiatric Response Policy as guides to when responding to escalating youth behaviors. In the unlikely event that these tools are unsuccessful in preventing an Emergency Safety Situation as defined in this policy, the Emergency Safety Interventions and procedures outlined in this policy may be utilized to prevent or lessen imminent injury to youth and/or staff. Woodside staff will utilize a continuum

of interventions including Safe Crisis Management responses and training in implementing Emergency Safety Interventions.

Emergency Safety Interventions

Emergency Safety Interventions are used as a last resort. Emergency Safety Interventions will be performed using the least restrictive option appropriate for the situation. Seclusion will only be utilized as a last resort when other Emergency Safety Interventions have been tried or determined to be ineffective. All Emergency Safety Interventions will be performed in a manner that is safe, proportionate and appropriate to the level of the behavior and the youth's chronological and developmental age, size, gender, physical, medical and mental health condition and the youth's personal history.

Emergency Safety Interventions will always be used as a means to assist a youth in regulating dangerous behaviors in an emergency situation and shall not be used as a means of coercion, discipline, convenience or retaliation. Staff will adhere to the youth's Personal Safety Plan and Behavior Support Plan(s), if applicable, during an Emergency Safety Intervention. All staff participating in an Emergency Safety Intervention will be trained in Safe Crisis Management and the use of Emergency Safety Interventions.

Emergency Safety Interventions include:

- Emergency Safety Physical Interventions
- Seclusion

Emergency Safety Interventions must be limited to no longer than the duration of the Emergency Safety Situation. Woodside will not use mechanical interventions of any kind during an Emergency Safety Intervention.

The Woodside Chief Executive Officer or designee may seek emergency medical or mental health care for a youth at any point during an emergency safety intervention. The Woodside Chief Executive Officer or designee will rely on criteria identified in the Intake and Screening and Clinical Crisis and Acute Psychiatric Response policies for guidance on when to seek emergency mental health care.

In the event that a youth is at Woodside who is known to be pregnant, the Woodside Chief Executive Officer or designee will ensure that the protections for known pregnant juveniles as set forth in the federal Juvenile Justice Reform Act of 2018 in 34 U.S.C. §11133(a)(7)(B)(ix) are followed.

Emergency Safety Physical Intervention

Leadership is a key component to the successful implementation of an Emergency Safety Physical Intervention. The Woodside Chief Executive Officer or designee will:

- Assign one individual as the Emergency Safety Physical Intervention leader. The assigned leader is the primary coordinator of the Emergency Safety Physical Intervention and who provides guidance to staff, speaks calmly and clearly, using "I" and "We" messages. The assigned leader is the only individual speaking with the youth (unless the Behavior Support Plan or Personal Safety Plan direct otherwise). The assigned leader determines which staff may intervene and also provides direction about when staff are substituted for other staff during the intervention.

- Assign one individual to monitor the intervention. The assigned monitor must be physically present, continually assessing and monitoring the physical and psychological well-being of the resident and the safe use of the Emergency Safety Physical Intervention throughout the duration of the intervention. The assigned monitor will communicate only to the members of the team, not to the youth.

- The assigned leader communicates the clear release process at the conclusion of the Emergency Safety Physical Intervention, which is determined by the leader.

- The Woodside Chief Executive Officer or designee will call 911 for support and immediate transport to the emergency department for further evaluation when the duration of an Emergency Safety Physical Intervention exceeds 15 minutes.

Seclusion

Seclusion will only be utilized as a last resort when other Emergency Safety Interventions have been tried or determined to be ineffective. The Woodside Chief Executive Officer or designee will assign an individual to monitor the youth. The assigned monitor must be physically present in or immediately outside the Seclusion room, continually assessing, monitoring, and evaluating the physical and psychological well-being of the resident in Seclusion.

In the event that a youth has been in seclusion for:

- a cumulative duration of more than 30 minutes in a 24-hour period due to self-harming behaviors, or
- a cumulative duration of more than three hours in a 24-hour period for any other reason,

the youth will be transported to the emergency department for further evaluation.

Face to Face Assessment

Within 1 hour of the initiation of the Emergency Safety Intervention Licensed Clinical Staff will conduct a face-to-face assessment (in person or through video conferencing) of the physical and psychological wellbeing of the youth, including but not limited to-

- The youth's psychological status;
- The youth's behavior;
- Any complications that may have resulted from the intervention; and
- Any physical complaints and/or injuries that may have occurred as a result of the Emergency Safety Intervention.

Licensed Clinical Staff will also determine, consistent with the Acute Psychiatric Response Protocol, whether First Call should be contacted, if First Call hasn't been contacted already, to conduct a crisis assessment and/or whether the youth should be immediately transferred to the emergency department for further evaluation of needs for medical or clinical treatment.

Within 2 hours of the initiation of the Emergency Safety Intervention, a registered nurse will also follow up with an evaluation of the youth, including, but not limited to:

- The youth's physical status;
- The youth's behavior;
- Any complications resulting from the intervention; and
- Any injuries that occurred as a result of the Emergency Safety Intervention.

Notification of Parent(s) and Legal Guardian(s)

Clinical Staff will notify the parent(s) and legal guardian(s) of the resident who has been involved in an Emergency Safety Intervention as soon as possible after the initiation of each Emergency Safety Intervention, but in no case more than 24 hours after the intervention.

Clinical Staff will document that the parent(s) and legal guardian(s) have been notified of the Emergency Safety Intervention, including the date and time of notification and the name of the staff person providing the notification.

Documenting the Emergency Safety Intervention

Woodside must maintain a record of each Emergency Safety Situation, the interventions used, and outcomes.

Each staff person involved in an Emergency Safety Intervention will document the incident.

Clinical Staff will document the intervention by the end of the shift in which the intervention occurs. Documentation will include information about the youth's Personal Safety Plan, Behavior Support Plan, if applicable, and why the Emergency Safety Intervention was necessary to prevent imminent risk of violence or injury.

Registered nurse will document all injuries that may have occurred as a result of an Emergency Safety Intervention, including injuries to staff resulting from that intervention.

Documentation will also include all information required in Woodside procedure 519 (Incident Reporting).

The Woodside CEO or designee will send to DRVT documentation of Emergency Safety Interventions used at Woodside. This documentation will be sent as soon as possible, but not later than three (3) business days following each incident. Documentation will be sent to:

Disability Rights Vermont
141 Main Street, Suite 7
Montpelier, VT 05602

Post-intervention Debriefing with the Youth and their Family

Clinical Staff will initiate debriefing with the youth as soon as the youth and situation are calm, within a goal of no later than 24 hours following the intervention. Debriefing with the youth will occur in accordance with Safe Crisis Management procedures.

Efforts will be made to include all those involved in the Emergency Safety Intervention in the debrief, which will be a review of what occurred before, during and after the incident. This includes individuals and staff who were part of or witnessed the Emergency Safety Intervention, supervisors/administrators, family/guardian (if appropriate) and any youth in the vicinity of the Emergency Safety Intervention who were affected. Debriefing with the youth will be conducted in a language that is understood by the youth and their parent(s) and legal guardian(s).

The youth's Personal Safety Plan will be reviewed and may be updated as part of the debriefing with the youth. Licensed Clinical Staff will also initiate the Function-Based Behavior Support Planning Process with the youth to create a new plan or revise an existing one. Parents/guardians and other identified supportive adults as well as the youth's Family Services Worker will be contacted for input on these plans.

Post-intervention Debriefing for Involved Staff

Licensed Clinical Staff will initiate staff debriefing and will follow Safe Crisis Management procedures. Staff may be referred to Hope Team so they may receive support and express emotions about the incident to mitigate exposure to a traumatic event.

Required Notifications of Serious Injuries

If a youth sustains a Serious Injury during an Emergency Safety Intervention, the Clinical Staff will report to Residential Licensing and Special Investigations Unit.

These notifications will take place as soon as possible, and no later than 24 hours after a serious occurrence. The report must include:

1. The name of the youth involved in the serious occurrence,
2. A description of the occurrence, and
3. The name, street address, and telephone number of Woodside.

Clinical Staff must notify the youth's parent(s) and legal guardian(s) as soon as possible, and in no case later than 24 hours after the Serious Injury.

Clinical Staff will document in the youth's record that the Serious Injury was reported. Documentation will include the name of the person(s) to whom the incident was reported.

A copy of the report will be maintained in the youth's record, as well as in the incident and accident report logs kept by Woodside.

Should a youth or other interested party believe that a youth is not being treated in accordance with this procedure they may contact

Disability Rights Vermont at (800) 834-7890 or by mail at:

Disability Rights Vermont
141 Main Street, Suite 7
Montpelier, VT 05602

Residential Licensing & Special Investigations at (802) 279-8635 or (802) 241-0873 or by mail at:

Department for Children and Families
Family Services Division
280 State Drive, HC 1 North
Waterbury, Vermont 05671-1030